

| POSITION            | INITIALS | ID NO. | DATE    |
|---------------------|----------|--------|---------|
| FEE DETERMINATION   |          |        |         |
| O.I.P.E. CLASSIFIER |          | 6      | 1-27-00 |
| FORMALITY REVIEW    |          |        |         |

## INDEX OF CLAIMS

|   |                               |   |              |
|---|-------------------------------|---|--------------|
| ✓ | Rejected                      | N | Non-elected  |
| = | Allowed                       | I | Interference |
| — | (Through numeral)... Canceled | A | Appeal       |
| ÷ | Restricted                    | O | Objected     |

| Claim    | Date |
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| Final    |      |
| Original |      |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here